Agency Name: Faircare Home Health Services

Agency ID: HHA01 Location: Anytown, USA Medicare Number: 007001 Medicaid Number: 999888001 Requested Current Period: 09/1999-08/2000 Actual Current Period: 09/1999-08/2000 Number of Cases in Current Period: 601 Number of Cases in Reference Sample: 29983

Date Report Printed: 11/30/2000

All Patients' Case Mix Profile at Start/Resumption of Care

	Current	Reference			Current	Reference	
	Mean	Mean	Sig.		Mean	Mean	Sig.
Demographics				ADL Status Prior to SOC/ROC			
Age (average in years)	70.75	72.78		Grooming (0-3, scale average)	0.66	0.52	**
Gender: Female (%)	69.4%	62.9%		Dress upper body (0-2, scale avg.)	0.35	0.35	
Race: Black (%)	1.7%	10.7%		Dress lower body (0-3, scale avg.)	0.70	0.63	
Race: White (%)	97.5%	85.5%		Bathing (0-5, scale average)	1.33	1.20	
Race: Other (%)	0.8%	3.8%	**	Toileting (0-4, scale average)	0.39	0.38	
				Transferring (0-5, scale average)	0.38	0.44	**
Payment Source				Ambulation (0-5, scale average)	0.70	0.71	
Any Medicare (%)	80.4%	82.6%		Eating (0-5, scale average)	0.22	0.21	
Any Medicaid (%)	12.9%	14.3%					
Any HMO (%)	3.0%	5.8%	*	IADL Disabilities at SOC/ROC			
Medicare HMO (%)	1.3%	2.2%		Light meal prep (0-2, scale avg.)	1.02	0.90	**
Any third party (%)	19.9%	21.9%		Transportation (0-2, scale avg.)	1.05	0.99	**
3 1 - 3 ()				Laundry (0-2, scale average)	1.62	1.51	**
Current Residence				Housekeeping (0-4, scale avg.)	2.89	2.68	**
Own home (%)	74.7%	78.7%		Shopping (0-3, scale average)	2.10	2.06	
Family member home (%)	20.5%	14.1%		Phone use (0-5, scale average)	0.63	0.72	
r army momber nome (70)	20.070	1 1.1 70		Mgmt. oral meds (0-2, scale avg.)	0.69	0.70	
Current Living Situation				mgmi. oral mode (o 2, ocale avg.)	0.00	0.70	
Lives alone (%)	28.6%	29.4%		IADL Status Prior to SOC/ROC			
With family member (%)	66.7%	64.2%		Light meal prep (0-2, scale avg.)	0.65	0.56	*
With friend (%)	1.3%	1.6%		Transportation (0-2, scale avg.)	0.78	0.69	**
With paid help (%)	2.3%	3.3%		Laundry (0-2, scale average)	1.10	0.03	**
With paid help (70)	2.570	3.570		Housekeeping (0-4, scale avg.)	1.10	1.73	*
Assisting Persons				Shopping (0-3, scale average)	1.45	1.73	
Person residing in home (%)	57.0%	55.9%		Phone use (0-5, scale average)	0.49	0.59	
	44.3%	53.0%	**		0.49	0.59	
Person residing outside home (%)		14.1%		Mgmt. oral meds (0-2, scale avg.)	0.55	0.54	
Paid help (%)	9.3%	14.1%		Desminatory Status			
Dulmanu Cananiyan				Respiratory Status	4 22	1 10	
Primary Caregiver	24.00/	22.60/		Dyspnea (0-4, scale average)	1.33	1.19	
Spouse/significant other (%)	31.0%	33.6%		Therewise Descrived at Home			
Daughter/son (%)	33.0%	26.4%		Therapies Received at Home	4.00/	0.70/	
Other paid help (%)	3.7%	6.1%		IV/infusion therapy (%)	4.3%	3.7%	
No one person (%)	21.7%	20.2%		Parenteral nutrition (%)	0.5%	0.3%	
B: 0 : 4 : 4				Enteral nutrition (%)	2.2%	1.8%	
Primary Caregiver Assistance		4.40		0 011			
Freq. of assistance (0-6, scale avg.)	4.11	4.10		Sensory Status			
				Vision impairment (0-2, scale avg.)	0.32	0.30	**
Inpatient DC within 14 Days of SOC/ROC	00.40/	22.42/		Hearing impair. (0-4, scale avg.)	0.38	0.45	**
From hospital (%)	69.1%	68.4%		Speech/language (0-5, scale avg.)	0.45	0.47	
From rehab facility (%)	7.2%	6.4%					
From nursing home (%)	1.8%	3.3%		Pain			
				Pain interf. w/activity (0-3, scale avg.)	0.95	0.98	
Med. Reg. Chg. w/in 14 Days of SOC/ROC				Intractable pain (%)	14.0%	13.7%	
Medical regimen change (%)	67.7%	81.2%	**				
				Neuro/Emotional/Behavioral Status			
Prognoses				Moderate cognitive disability (%)	10.8%	11.9%	
Moderate recovery prognosis (%)	85.3%	85.9%		Severe confusion disability (%)	5.7%	6.9%	
Good rehab prognosis (%)	62.6%	68.2%	*	Severe anxiety level (%)	16.7%	11.7%	**
				Behav probs > twice a week (%)	14.0%	5.7%	**
ADL Disabilities at SOC/ROC							
Grooming (0-3, scale average)	1.02	0.86	**	Integumentary Status			
Dress upper body (0-2, scale avg.)	0.56	0.59		Presence of wound/lesion (%)	31.6%	31.2%	
Dress lower body (0-3, scale avg.)	1.22	1.10		Stasis ulcer(s) present (%)	3.7%	2.9%	
Bathing (0-5, scale average)	2.15	2.03		Surgical wound(s) present (%)	21.1%	22.3%	
Toileting (0-4, scale average)	0.63	0.57		Pressure ulcer(s) present (%)	8.2%	5.4%	*
Transferring (0-5, scale average)	0.64	0.70		Stage 2-4 ulcer(s) present (%)	6.5%	4.5%	
Ambulation (0-5, scale average)	1.05	1.07		Stage 3-4 ulcer(s) present (%)	4.0%	1.4%	**
Eating (0-5, scale average)	0.33	0.32			ı		
- · ·	•		•				

Agency Name: Faircare Home Health Services

Agency ID: HHA01 Location: Anytown, USA Medicare Number: 007001 Medicaid Number: 999888001 Requested Current Period: 09/1999-08/2000 Actual Current Period: 09/1999-08/2000 Number of Cases in Current Period: 601 Number of Cases in Reference Sample: 29983

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All Patients' Case Mix Profile at Start/Resumption of Care

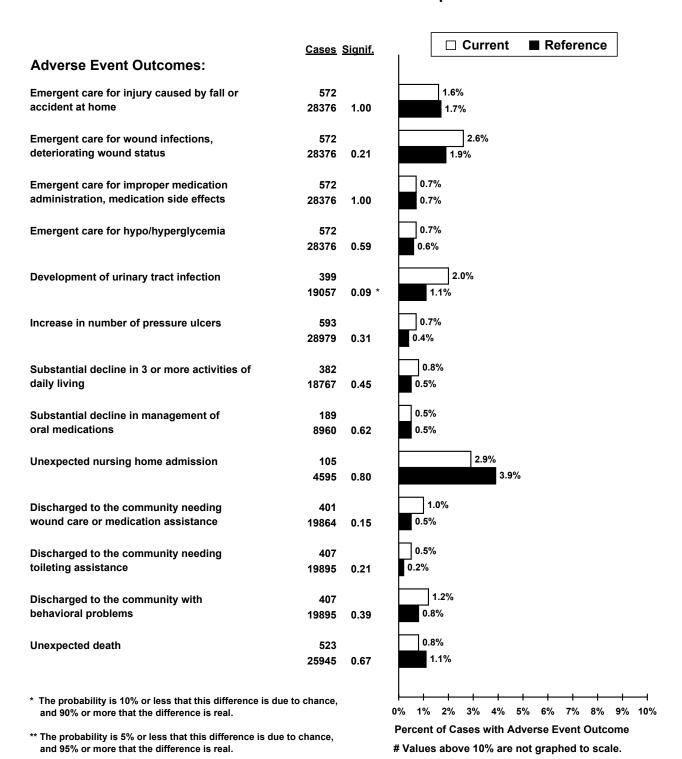
•							
	Current	Reference			Current	Reference	
	Mean	Mean			Mean	Mean	Sig.
•	ivicari	IVICALI	Sig.		Mcan	Mcan	oig.
Elimination Status				Lampib of Ciav			
Elimination Status	00.50/	0.70/	**	Length of Stay	40.50	40.05	++
UTI within past 14 days (%)	22.5%	9.7%	**	LOS until discharge (avg. in days)	49.52	40.35	**
Urinary incont./catheter present (%)	12.6%	16.7%		LOS from 1 to 31 days (%)	46.6%	54.0%	**
Incontinent day and night (%)	10.0%	9.3%		LOS from 32 to 62 days (%)	28.0%	30.0%	
Urinary catheter (%)	6.0%	5.9%		LOS from 63 to 124 days (%)	17.8%	11.8%	**
Bowel incont. (0-5, scale avg.)	0.29	0.23		LOS more than 124 days (%)	7.7%	4.3%	**
Acute Conditions							
Orthopedic (%)	18.5%	21.5%					
	13.1%	9.3%	*				
Neurologic (%)				* The second of	· · · · · · · · · · · · · · · · · · ·	d 4 -	
Open wounds/lesions (%)	33.0%	31.8%		* The probability is 1% or less that the di			
Terminal condition (%)	5.7%	5.6%		chance, and 99% or more that the diffe	rence is re	al.	
Cardiac/peripheral vascular (%)	27.0%	30.9%					
Pulmonary (%)	17.3%	16.9%		** The probability is 0.1% or less that the			
Diabetes mellitus (%)	7.7%	8.4%		to chance, and 99.9% or more that the	difference	is real	
Gastrointestinal disorder (%)	12.5%	11.5%					
Contagious/communicable (%)	9.8%	3.0%	**				
Urinary incont./catheter (%)	6.0%	8.1%					
Mental/emotional (%)	9.3%	3.1%					
Oxygen therapy (%)	11.2%	11.2%					
		11.270					
IV/infusion therapy (%)	4.3%	3.7%					
Enteral/parenteral nutrition (%)	2.7%	2.0%					
Ventilator (%)	0.0%	0.1%					
Chronic Conditions							
Dependence in living skills (%)	42.1%	35.9%	*				
Dependence in personal care (%)	37.9%	22.9%	**				
Impaired ambulation/mobility (%)	14.0%	13.4%					
Eating disability (%)	4.2%	3.2%					
Urinary incontinence/catheter (%)	13.1%	13.7%					
Dependence in med. admin. (%)	44.1%	39.9%					
Chronic pain (%)	7.7%	5.7%					
Cognitive/mental/behavioral (%)	28.6%	23.5%					
Chronic pt. with caregiver (%)	40.4%	34.0%	**				
Home Care Diagnoses							
Infectious/parasitic diseases (%)	13.0%	4.5%	**				
Neoplasms (%)	11.8%	12.3%					
Endocrine/nutrit./metabolic (%)	29.0%	27.1%					
	8.2%	6.7%					
Blood diseases (%)			**				
Mental diseases (%)	20.1%	9.9%					
Nervous system diseases (%)	13.8%	9.4%					
Circulatory system diseases (%)	61.6%	55.3%					
Respiratory system diseases (%)	24.3%	19.5%					
Digestive system diseases (%)	13.8%	12.0%					
Genitourinary sys. diseases (%)	10.7%	10.4%					
Pregnancy problems (%)	0.5%	0.2%					
Skin/subcutaneous diseases (%)	6.2%	7.4%					
Musculoskeletal sys. diseases (%)	26.1%	23.5%					
Congenital anomalies (%)	1.8%	0.8%					
Ill-defined conditions (%)	24.1%	19.6%	*				
Fractures (%)	12.0%	9.1%					
Intracranial injury (%)	0.2%	0.3%					
Other injury (%)	9.5%	5.9%					
latrogenic conditions (%)	2.2%	3.1%	l				

Agency Name: Faircare Home Health Services

Agency ID: HHA01 Location: Anytown, USA Medicare Number: 007001 Medicaid Number: 999888001 Requested Current Period: 09/1999-08/2000 Actual Current Period: 09/1999-08/2000 Number of Cases in Current Period: 601 Number of Cases in Reference Sample: 29983

Date Report Printed: 11/30/2000

Adverse Event Outcome Report



Case Mix and Adverse Event Reports Satellite Broadcast - January 19, 2001

Agency Name: Faircare Home Health Services Agency ID: HHA01

Agency ID: HHA01 Location: Anytown, USA Medicare Number: 007001 Medicaid Number: 999888001 Requested Current Period: 09/1999-08/2000 Actual Current Period: 09/1999-08/2000 Number of Cases in Current Period: 601 Number of Cases in Reference Sample: 29983

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Adverse Event Outcome Report Patient Listing

<u>_</u>		Caused by Fall or Accident Number of Events: 9		Poforonoo Inoid	opoo: 1.70/		
Complete Data Ca			Agency Incidence: 1.6%			20/2	
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer	
654896104	Craig	Ron	M	05/11/1925	09/22/99	12/27/99	
544740859	Hawk	Janet	F	08/29/1935	02/12/00	04/18/00	
445140130	Schlue	Cindy	F	06/13/1939	03/28/00	06/10/00	
674803196	Staloski	Mina	F	09/16/1933	05/22/00	05/26/00	
175305360	Amador	Arnold	M	06/06/1928	11/17/99	11/25/99	
451896539	Tosh	Ellen	F.	01/16/1934	05/27/00	06/02/00	
410242616	Adkins	Lisa	F	01/01/1925	04/28/00	08/05/00	
037083519	Rose	Cecil	M	04/11/1924	09/26/99	12/05/99	
038923073	Tanaka	Bruce	M	04/28/1938	09/02/99	11/01/99	
Emanuant Con	o for Mound	Infactions Details action	Married Ctatus				
		Infections, Deteriorating		D ()	4.00/		
Complete Data Ca		Number of Events: 15	Agency Incidence: 2.6%			DO/Tarantes	
Patient ID	Last Name	First Name	Gender	Birth Date		DC/Transfer	
601714911	Potter	Cindy	F	10/03/1938	03/22/00	03/23/00	
605578965	Ridgeway	Jersey	F	08/16/1919	09/24/99	09/25/99	
848022770	Jenkins	Steve	M	08/29/1931	01/20/00	02/18/00	
157235821	Connot	Carole	F	09/01/1917	05/02/00	05/09/00	
364627291	Kapoi	Bernadeane	F	09/03/1930	12/09/99	03/05/00	
606116128	Dickerson	Mary Anne	F	07/27/1935	04/16/00	07/23/00	
223434953	Dedmond	Cathy	F	06/26/1917	09/19/99	10/28/99	
760263344	Fortis	Jay	М	01/10/1928	01/19/00	03/23/00	
203633766	Liblanc	Marilyn	F	05/04/1924	11/07/99	01/29/00	
			F				
890266877	Beave	Levond		12/10/1934	06/19/00	06/30/00	
774698823	Anselm	Marge	Ę	01/05/1941	05/02/00	08/01/00	
752690714	Freeman	Victoria	F	06/04/1932	05/21/00	07/31/00	
388120765	Fatzer	Virginia	F	08/17/1920	02/10/00	03/24/00	
648423584	DeBlois	Lori	F	02/01/1915	11/18/99	12/22/99	
425853763	Anderson	Carolyn	F	08/03/1924	04/19/00	05/26/00	
Emergent Car	e for Improp	er Medication Administrat	tion, Medication Side	Effects			
Complete Data Cases: 572		Number of Events: 4	Agency Incidence: 0.7%	Reference Incide	ence: 0.7%		
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer	
003678864	Ryan	Betty	F	04/27/1923	11/13/99	01/09/00	
745499372	Burke	Leonard	M	12/20/1918	02/22/00	05/03/0	
223324976	Rice		F		10/23/99		
		Bonnie		12/04/1924			
039892392	Pierce	Susan	F	07/13/1935	01/30/00	04/10/00	
Emergent Car	e for Hypo/H	yperglycemia					
Complete Data Ca		Number of Events: 4	Agency Incidence: 0.7%	Reference Incide	ence: 0.6%		
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer	
370756750	McCowan	Sandra	F	11/10/1931	10/06/99	01/06/00	
571865967	Badger	Penny	F	01/18/1929	01/02/00	04/24/00	
184679971	Penn	Deborah	F	06/02/1915	07/22/00	08/29/00	
414789317	Thompson	Pat	F	12/14/1931	06/15/00	08/02/00	

Agency Name: Faircare Home Health Services Agency ID: HHA01

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Adverse Event Outcome Report Patient Listing

	of Officery 11	act Infection				
Complete Data Cases: 399		Number of Events: 8	Agency Incidence: 2.0%	Reference Incidence: 1.1%		
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfe
859294045 565570409 014760252 472551333 773642368 759333066 136056137 947917397	Dunn Rosling Connelly Guinn Mullins Beck Hayes St. Germain	Jim Walter Sherwood Rosemary Caleb Jan Edd Teri	M M M F M F M	10/17/1920 10/21/1938 11/14/1940 08/18/1915 01/23/1938 07/04/1929 10/05/1929 11/29/1940	11/20/99 05/26/00 07/29/00 03/17/00 10/19/99 07/25/00 05/07/00 06/17/00	12/19/99 08/13/00 08/30/00 03/26/00 01/20/00 07/30/00 05/07/00 07/18/00
Increase in Nu	ımber of Pres	ssure Ulcers				
Complete Data Ca	ses: 593	Number of Events: 4	Agency Incidence: 0.7%	Reference Incidence: 0.4%		
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
315867385 133711082 417495912 870032669	Dodge Koch Beal Martineau	Robert Jane Tracy Lyn	M F F M	12/06/1937 11/11/1915 04/07/1914 12/19/1930	10/29/99 10/20/99 04/05/00 07/24/00	11/09/99 02/14/00 07/06/00 08/03/00
Substantial De	ecline in 3 or	More Activities of Daily I	_iving			
Complete Data Cases: 382		Number of Events: 3	Agency Incidence: 0.8%	ence: 0.8% Reference Incidence: 0.5%		
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
854314071 424787337 500582191	Henrich Seals Klebe	Byron Flo Kathleen	M F F	06/29/1940 11/20/1927 08/26/1916	04/06/00 02/01/00 01/27/00	08/02/00 02/21/00 04/03/00
Substantial De	ecline in Man	agement of Oral Medicat	ions			
Complete Data Ca	plete Data Cases: 189 Number of Events: 1		Agency Incidence: 0.5%	Reference Incide	ence: 0.5%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
502513146	Botello	Brenda	F	06/03/1924	05/01/00	08/20/00
Unexpected N	ursing Home	Admission				
Complete Data Ca	ses: 105	Number of Events: 3 Agency Incidence: 2.9% Reference Incidence:		ence: 3.9%		
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
952821056 118840231	Burcham Elder	Nancy Jean	F F	09/17/1936 01/20/1923	05/30/00 09/06/99	07/08/00 10/15/99

Agency Name: Faircare Home Health Services Agency ID: HHA01

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Adverse Event Outcome Report Patient Listing

Discharged to	o the Commu	nity Needing Wound Care	or Medication Assis	tance		
Complete Data Cases: 401		Number of Events: 4	Agency Incidence: 1.0%	Reference Incidence: 0.5%		
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
047170580 019528462 197215357 407160030	Jackson Hochman Libiran Trombley	Todd Chris Andrew Mona	M M M F	08/22/1917 11/13/1917 11/05/1937 03/21/1933	02/17/00 04/14/00 10/11/99 04/17/00	06/16/00 07/16/00 10/16/99 07/14/00
Discharged to	o the Commu	nity Needing Toileting As	sistance			
Complete Data C	ases: 407	Number of Events: 2	Agency Incidence: 0.5%	gency Incidence: 0.5% Reference Incidence: 0.8%		
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
675779542 083773193	Egger Loper	Patricia Patrick	F M	08/22/1915 10/18/1924	04/06/00 03/13/00	05/13/00 04/18/00
Discharged to	o the Commu	nity With Behavioral Prob	olems			
Complete Data Cases: 407		Number of Events: 5	Agency Incidence: 1.2% Reference Incidence: 0.89		nce: 0.8%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
653640671 251160016 932752042 239777508 511499232	Quick Enkey Maben. Gayle Jones	Roseann John Sylvia Diane Ronald	F M F F M	09/13/1934 09/22/1940 07/23/1915 09/09/1937 12/03/1932	10/22/99 02/03/00 02/28/00 05/11/00 10/15/99	11/20/99 05/12/00 03/05/00 07/06/00 12/03/99
Unexpected I	Death					
Complete Data Cases: 523		Number of Events: 4	Agency Incidence: 0.8%	Reference Incide	nce: 1.1%	
Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
205640357 027698081 132486118 031382376	Carlson Niccolucci Starnes Trinidad	Rosie Sandy Isabella Ann	F F F	09/24/1931 07/13/1922 03/08/1937 06/06/1933	01/02/00 04/27/00 06/08/00 05/22/00	01/03/00 04/28/00 06/17/00 08/25/00